

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **09/463851**  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51	1					
2	1						52		①				
3	1						53						
4		3					54						
5		3					55						
6		①					56						
7		①					57						
8		①					58						
9		①					59						
10		①					60						
11		①					61						
12		①					62						
13		①					63						
14		①					64						
15		①					65						
16		①					66						
17	1						67						
18	1						68						
19	1						69						
20	1						70						
21	1						71						
22	1						72						
23	1						73						
24	1						74						
25	1						75						
26		1					76						
27		2					77						
28		①					78						
29		①					79						
30		①					80						
31		①					81						
32		1					82						
33		1					83						
34		1					84						
35		1					85						
36		①					86						
37		①					87						
38		①					88						
39		①					89						
40		①					90						
41		①					91						
42		①					92						
43		①					93						
44	1						94						
45	1						95						
46	1						96						
47	1						97						
48		1					98						
49		2					99						
50		2					100						
TOTAL IND.	15						TOTAL IND.						
TOTAL DEP.	42						TOTAL DEP.						
TOTAL CLAIMS	57						TOTAL CLAIMS						